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PTO/SB/22 (12-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) <b>532792000610</b>
Application Number <b>09/992,901</b>	Filed	<b>November 14, 2001</b>

For **GENETICALLY MODIFIED PLANTS HAVING MODULATED BRASSINOSTEROID SIGNALING**Art Unit **1638** Examiner **C. Collins**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 225.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

- Applicant claims small entity status. See 37 CFR 1.27.  
 A check in the amount of the fee is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director has already been authorized to charge fees in this application to a Deposit Account.  
 The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to

Deposit Account Number 03-1852 I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

I am the  applicant/inventor.

- assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).  
 attorney or agent of record. Registration Number 38,661  
 attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34

Michael R. Ward  
Signature

June 13, 2005

Date

Michael R. Ward

415/268-6237

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 1 Forms are submitted.**FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to the COMMISSIONER FOR PATENTS- CENTRALIZED FAX NO. 703/872-9306 MS: AF, on:

Date: June 13, 2005 By

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Effective on 12/03/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 225.00)

METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	-0-
Design	200	100	100	50	130	65	-0-
Plant	200	100	300	150	160	80	-0-
Reissue	300	150	500	250	500	300	-0-
Provisional	200	100	0	0	0	0	-0-

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity Fee (\$)

Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200

100

Multiple dependent claims

360

180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
29	-41 or HP	x	= 0			0

HP + highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	-3 or HP	x	= 0

HP + highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	= 0	0

**4. OTHER FEE(S)**

Other: EXTENSION OF TIME (2 MONTHS) \$225.00

SUBMITTED BY: MORRISON &amp; FOERSTER LLP

CUSTOMER NO. 20872

Signature	<i>michael r. ward</i>	Registration No. (Attorney/Agent)	38,651	Telephone	415/268-6237
Name (Print/Type)	MICHAEL R. WARD			Date	June 13, 2005

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